Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6004261 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST WALNUT HERITAGE HEALTH-BLOOMINGTON **BLOOMINGTON, IL 61701** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation 2178633/IL140492 S9999 Final Observations S9999 Statement of Licensure Violations 300.661 Section 300.661 Health Care Worker Background Afacility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement is not met as evidenced by: Based on record review and interview the facility failed to enter employment termination dates in the Healthcare Worker Registry within 30 days of employee termination for three of three employees reviewed for Heath Care Worker Registry employment verification. Findings include: 1. V3's employment file documents V3 was hired on 6/8/21 working as a CNA (Certified Nurse Assistant) for the facility. V3's Health Care Worker Background Check completed on 5/11/21 under the section titled "Training and Work History" documents when V3 was hired on 6/8/21. Attachment A The undated Employee Hire Date and Statement of Licensure Violations Termination Date sheet documents V3 resigned from the facility on 8/8/21. V3's employment termination date was not entered in the Health

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 12/29/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAY OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6004261 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **700 EAST WALNUT** HERITAGE HEALTH-BLOOMINGTON **BLOOMINGTON, IL 61701** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE DEFICIENCY) S9999 Continued From page 1 S9999 Care Worker Registry. 2. V4's employment file documents V4 was hired on 8/3/21 working as a CNA for the facility, V4's Health Care Worker Background Check completed on 7/20/21 documents under "Training and Work History" when V4 was hired on 8/3/21. The undated Employee Hire Date and Termination Date sheet documents V4's employment was terminated on 9/8/21, V4's employment termination date was not entered in the Health Care Worker Registry. 3. V5's employment file documents V5 was hired on 5/27/21 working as a CNA for the facility. V5's Health Care Worker Background Check completed on 5/25/21 documents under "Training and Work History" when V5 was hired on 5/27/21. The undated Employee Hire Date and Termination Date sheet documents V5's employment was terminated on 7/12/21, V5's employment termination date was not entered in the Health Care Worker Registry. V2 (Business Office Manager) stated in interview on 11/23/21 at 9:40 AM, "I (V2) put the hiring information on when I check the employee's Health Care Worker Background check upon hiring. I put the termination dates on sporadically when I have time. I don't believe there is a time limit for this information." V2 also stated on 11/23/21 at 12:14 PM, I just put the terminations dates on V3. V4 and V5's Health Care Worker Background Check." V2 stated

there is a whole list V2 is trying to catch up on.

The facility's policy titled "Employee Hiring Policy and Procedure" with the revision date of 7/2020 does not direct staff to enter employment

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C B. WING IL6004261 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST WALNUT HERITAGE HEALTH-BLOOMINGTON **BLOOMINGTON, IL 61701** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 termination dates in the Health Care Worker Registry. On 11/23/21 at 1:15 PM V1 (Administrator) stated, "I did not know there was a requirement on placing the termination date on the Health Care Worker Background check." (C)

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